

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

09980210

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1			/			
2				/		
3				/		
4				/		
5				/		
6				/		
7				/		
8				/		
9				/		
10				/		
11			/			
12				8		
13			/			
14				/		
15				/		
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18				/		
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36				/		
37				/		
38				/		
39				/		
40				5		
41			/			
42			/			
43			/			
44			/			
45				/		
46				/		
47				/		
48				/		
49				/		
50				/		
Total Indep						
Total Depend						
Total Claims						

	*		*		*
	Indep	Depend	Indep	Depend	
51		/			
52	/				
53		/			
54	/				
55		/			
56		/			
57		/			
58	/				
59	/				
60		/			
61		/			
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87		/			
88		/			
89		/			
90		/			
91		/			
92		/			
93		/			
94		/			
95		/			
96					
97					
98					
99					
100					
Total Indep	19				
Total Depend	87				
Total Claims	106				